

OFFICE OF JUVENILE JUSTICE (OJJ)

Weakington State Department of Social BYRNE FEDERAL GRANT APPLICATION

Please read all instructions carefully.

| CONTRACT NUMBER | FOR OJJ USE ONLY |
|-----------------|------------------|
| | DATE STAMP |
| | |
| PROGRAM AREA | |

For assistance, contact the Department of Social and Health Services (DSHS)

| Office of Juvenile Justice at (360) 4 | 07-0151 or FAX (360) 407-0152. | | |
|--|--|--|--|
| 1. APPLICANT: DO NOT USE PERSON'S NAME | | | |
| AGENCY NAME | | TELEPHONE NUMBER | FAX NUMBER |
| STREET ADDRESS | | CITY | STATE ZIP CODE |
| MAILING ADDRESS | | CITY | STATE ZIP CODE |
| 2 IMPLEMENTING AGENCY: ENTER AGENCY I | DEPARTMENT OR CONTRACTOR DIRECTLY IMPL | EMENTING THE PROJECT (DO NO | T LISE PERSON'S NAME |
| NAME | SEL ANTIMENT ON GONTHAOTON DIRECTET IMPE | TELEPHONE NUMBER | TOOL TEROON O NAME |
| STREET ADDRESS | | FEDERAL EMPLOYER IDENTIFICATION NUMBER (MANDATORY FOR FEDERAL | N NUMBER OR SOCIAL SECURITY L TAX PURPOSES) |
| CITY | STATE ZIP CODE | | |
| 3. PROJECT TITLE: ENTER BRIEF, DESCRIPTIV | E PROJECT TITLE | | |
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| 4. APPLICANT'S AGREEMENT | | | |
| identified in this application. By signing and CONDITIONS AND CERTIFICATIONS (Atta | the amount shown in the proposed BUDGET submitting this application, the applicant agrees chment A of this application), becomes an offer which, if accepted, binds the applicant to the following the applicant to the applica | that this document, together wit to contract with Washington Sta | th the STANDARD |
| The applicant agrees that this offer becomes together with an Approved Budget and Spec | a binding contract when a copy of this page is al Conditions form provided, however: | signed by the OJJ Office Chief a | nd returned to the applicant |
| Special Conditions, that amount shall be of | differs from the amount shown in Section 8 of the considered to be a counteroffer. The Department for the date of mailing of such counteroffer by the date of the date | nt shall consider the counteroffer | r accepted by the applicant |
| b. Upon acceptance of this offer/counteroffer special terms and conditions. | t, the applicant shall be referred to as the "Cont | ractor" and the Contractor agree | s to accept and abide by the |
| NAME AND TITLE OF AUTHORIZED OFFICER (PERSON W | ITH LEGAL AUTHORITY: COUNTY COMMISSIONERS' CHAI | RMAN OF THE BOARD, MAYOR, CITY/TO | WN MANAGER, AGENCY DIRECTOR) |
| APPLICANT'S SIGNATURE | | | DATE |
| ACCEPTANCE OF OFFER COUNTEROFFER FOR DSHS | OJJ CONTRACTING OFFICER'S SIGNATURE | | DATE |
| ☐ Acceptance ☐ Non-acceptance | | | |
| | HARGE OF PROJECT (DAY-TO-DAY OPERATIONS | | D PROGRESS REPORTS) |
| NAME AND TITLE | | TELEPHONE NUMBER | |
| STREET ADDRESS | | FAX NUMBER | |
| СІТУ | STATE ZIP CODE | E-MAIL ADDRESS | |
| 6. FINANCIAL OFFICER: PERSON IN CHARGE C | F FISCAL MATTERS (ACCOUNTING, FUNDS MAN | AGEMENT, EXPENDITURE, VERIFI | ICATIONS, FINANCIAL REPORTS) |
| NAME AND TITLE | | TELEPHONE NUMBER | |
| STREET ADDRESS | | FAX NUMBER | |
| СПУ | STATE ZIP CODE | E-MAIL ADDRESS | |
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Omission of any required information or certification may be cause for denial of the application. The Department shall take a final approval/disapproval action on all applications within 90 days of receipt by the Department of a conforming application, together with all required certifications. The Department shall not consider an application conforming unless the applicant has completed all items in accordance with instructions and has submitted the necessary certifications. The applicant must submit two signed completed applications to: OFFICE OF JUVENILE JUSTICE, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 45203, OLYMPIA WA 98504-5203.

| AGENCY NAME | DATE |
|---------------|------|
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| | |
| PROJECT TITLE | |

10. BUDGET DETAILS: CATEGORY A. PERSONNEL

This category is for services rendered by all personnel employed by the project. Costs incurred include salaries, benefits, uniforms, and special clothing.

SALARIES AND WAGES: Payment for personal services rendered in accordance with rates, hours, terms and conditions as authorized by law or stated in employment contracts.

OVERTIME, HAZARDOUS DUTY, ETC.

PERSONAL BENEFITS: FICA, retirements, insurance, etc.

UNIFORMS AND CLOTHING: Only uniforms for special clothing required by the nature of the employment and paid for by the employer may be listed.

NOTE: Project funds may not be used to pay a percentage of the compensation of any person who was employed by the implementing agency before the project starting date without prior specific authorization from the Department separate from the grant approval. Specific authorization is not required if a person currently employed by the applicant or the implementing agency is transferred from his/her prior position to the project if the transfer creates a personnel vacancy to be filled by hiring a new employee.

| LIST POSITION TITLES | ANNUAL SALARY | PERCENT OF TIME TO PROJECT | ITEM TOTAL |
|----------------------|---------------|----------------------------------|------------|
| | | % | |
| | | % | |
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| CATEGORY TOTAL | | % | |

JUSTIFICATION AND EXPLANATION: Justify all positions in terms of days and/or hours required to perform the GOALS, OBJECTIVES, AND TASKS set forth. Calculate fringe benefits for each position or class of positions.

| BYRNE FEDERAL GRANT APPLICATION | | | | | | | | |
|--|---|-----------------------|------------|--|--|--|--|--|
| AGENCY NAME | | DATE | | | | | | |
| PROJECT TITLE | | <u> </u> | | | | | | |
| 10. BUDGET DETAILS: CATEGORY B. | SUPPLIES | | | | | | | |
| This category is for articles and commodities which are consumed or materially altered when use | ed. The following are | types of supplies. | | | | | | |
| OFFICE SUPPLIES: For example, office stationery, forms, small items of equipment, and maps OPERATING SUPPLIES: For example, chemicals, drugs, medicines, laboratory supplies, clean fuel, household and institutional supplies, and clothing. REPAIR AND MAINTENANCE SUPPLIES: For example, building materials and supplies, paint supplies, motor vehicle repair materials and supplies, other repair and maintenance supplies, and | ing and sanitation supsises and painting supplies | oplies, food for hum | | | | | | |
| ITEMIZED LISTING (DESCRIPTION OF THE ITEM) UNIT UNIT COST | | | | | | | | |
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| CATEGORY TOTAL | | | | | | | | |
| 10. BUDGET DETAILS: CATEGORY C. OTHER SER | VICES AND CHAR | GES | | | | | | |
| This category is for services other than PERSONNEL which are required in the administration of agency of the government unit or by private business organizations. The following are types of second communication: The following are types of second communication: The following are types of second communication: The following are types of second communications. In the following are types of second communications. The following are types of secon | services and charges of the services and charges of the services and taxes. | classified under this | category. | | | | | |
| ITEMIZED LISTING (WORD OR WORDS DESCRIBING THE COST ITEM, I.E., POSTAGE) | UNIT | UNIT COST | ITEM TOTAL | | | | | |
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| CATEGORY TOTAL | | | | | | | | |

| AGENCY NAME | | DATE | | | | | | | |
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| PROJECT TITLE | | | | | | | | | |
| 10. BUDGET DETAILS: CATEGORY D. CAPITAL (| OUTLAY/EQUIPMENT | | | | | | | | |
| This category is for nonexpendable outlays which result in the acquisition of, rights to, or additio some of the types of charges under this category. NOTE: Exclude small tools. | ns to fixed assets, other th | an structures. | The following are | | | | | | |
| MACHINERY AND EQUIPMENT : For example, communications equipment (typewriter, microcomputer), janitorial; laboratory, office furniture and equipment, heavy duty work equipment, and other machinery and equipment. | | | | | | | | | |
| ITEMIZED LISTING (DESCRIBE THE COST ITEM) UNIT UNIT COST | | | | | | | | | |
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| CATEGORY TOTAL | | | | | | | | | |
| 10. BUDGET DETAILS: CATEGORY E. | TRAVEL | | | | | | | | |
| Travel costs are for domestic travel. Contractors may follow their own established rate for staff state rate. | travel as long as the rate o | loes not exceed | the allowable | | | | | | |
| The allowable state rate for mileage will be used. Air fare should be the lowest coach fare. | | | | | | | | | |
| ITEMIZED LISTING | UNIT L | JNIT COST | ITEM TOTAL | | | | | | |
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| CATEGORY TOTAL | | | | | | | | | |

BYRNE FEDERAL GRANT APPLICATION AGENCY NAME DATE PROJECT TITLE 10. BUDGET DETAILS: CATEGORY F. CONTRACTUAL SERVICES The following types of personal services may be contracted: EVALUATION/RESEARCH **LEGAL** ACCOUNTING MEDICAL AND HEALTH SERVICES **AUDITING** SOCIAL SERVICES ITEMIZED LISTING UNIT **UNIT COST** ITEM TOTAL **CATEGORY TOTAL** 10. BUDGET DETAILS: CATEGORY G. INDIRECT CHARGES Indirect costs may not exceed 10% of the total direct charges. Indirect costs include costs of operating the agency which are not directly attributed to this project (e.g., maintaining physical plan, depreciation, receptionist, agency administration salaries, etc.) ITEMIZED LISTING (DESCRIBE THE COST ITEM) UNIT **UNIT COST** ITEM TOTAL

DSHS 05-180A (REV. 02/2003) PAGE 6

CATEGORY TOTAL

BYRNE FEDERAL GRANT APPLICATION AGENCY NAME DATE PROJECT TITLE 7. PROJECT PERIOD A project period is one year and may not exceed one year except by prior agreement with the Department. Proposed project period is form to 8. BUDGET SUMMARY The proposed project budget is shown below. If the proposal is accepted for contracting, the budget on the Approved budget and Special conditions form supersedes the proposed budget shown below. **BUDGET CATEGORIES** A. Personnel Enter the category totals from Section 10. BUDGET B. Supplies DETAILS. The sum of categories A - F is entered as TOTAL DIRECT CHARGES. If indirect costs are C. Other services and charges claimed, enter the amount in G. These may not exceed ten (10) percent of the TOTAL DIRECT CHARGES. D. Capital outlay/equipment Add TOTAL DIRECT CHARGES and INDIRECT E. Travel CHARGES, and enter the sum on TOTAL PROJECT COSTS line. F. Contractual services **TOTAL DIRECT CHARGES** G. Indirect charges **TOTAL PROJECT COST** SOURCE OF FUNDS % 1. Federal 1. May not exceed amount approved by the Governor's % 2. Match Juvenile Justice Advisory Committee. % 2. Must be funds specifically appropriated for project in applicant's budget. % % Project income must be applied to project operational costs or deducted from the grant % award. It is important that all anticipated project

TOTAL PROJECT FUNDS

% %

9. PROJECT SUMMARY: GIVE A BRIEF NARRATIVE SUMMARY OF THE PROJECT.

income be included in the budget.

| AGENCY NAME | DATE |
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PROJECT TITLE

11. DESCRIPTION OF THE PROJECT (START ON PAGE 8)

Submit a description of the project using the outline format shown below. Address all topics listed. Attach as many pages as required to properly address the topics.

I. GENERAL NEEDS STATEMENT

- A. State the need this project is designed to alleviate.
- B. Support the need by statistical (local based) data/information.
- C. Clearly define target population as to number and characteristics.
- D. List other possible community resources.
- E. Indicate why other community resources are not adequate to meet the need.
- F. State how the project will address the need.

II. IMPLEMENTATION AND METHODS

- A. Describe the research-based methods and techniques to be used to meet the outputs and identify the research approach. Program must be based on sound theory supported by positive or promising research results.
- B. Identify the sources, expected number of referrals, and the manner in which those referrals are likely to occur.
- C. As applicable, outline the involvement of any other community organization/agency (human services, juvenile court, schools, law enforcement, support groups, service clubs, etc.).
- D. Identify agencies from which letters of agreement will be obtained.
- E. Describe staffing and staff qualifications.

III. LOGIC MODEL

Use the Logic Model below to describe the resources, activities, outputs, outcome, and goal(s) of the project.

| Process — | | Outcome — | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Resources | Activities | Outputs | Outcomes | Goal(s) | | | | |
| Program inputs. Elements or ingredients that constitute the program. | Methods for providing the program. Specific processes or events undertaken. | Units of service or product units. How many, how often, over what duration? | Short intermediate or longer-term changes anticipated in participants' lives and/or in organization or community conditions. | Ultimate impact(s) expected to occur, usually beyond what one program alone can achieve. | | | | |
| For example: | For example: | For example: | For example: | For example: | | | | |
| Three FTEs. After school facility and playground. College student volunteers. Foundation funding. At-risk sixth grade students. | After school mentoring. Homework assistance. Sports and exercise. Health snack. Positive reinforcement for non-agressive behavior. | Three-hour program everyday after school for 40 at-risk students. One hour homework assistance. One hour sports and exercise. One hour snack and reading. | Increase in grades (GPA) at end of school year. Increase in pro-social behaviors. Decrease in aggressive behaviors. Decrease in recidivism. | Prevention of juvenile delinquency. Prevention of violent behavior. | | | | |

^{*} This was adapted from page 31, Outcomes for Success 2000 Edition, by the Evaluation Forum, Organization Research Services, Inc. and Clegg and Associates.

BYRNE FEDERAL GRANT APPLICATION AGENCY NAME DATE PROJECT TITLE 11. DESCRIPTION OF THE PROJECT (START ON THIS PAGE)

| AGENCY NAME | | | | | | | | DATE | | | | | - |
|--|------------------------|--------|---|---|---|---|---|------|---|---|----|----|----|
| PROJECT TITLE | | | | | | | | | | | | | |
| necessary to keep the project operating. PROJECT OUTCOMES PHASING OF OUTPUTS AND MONTHS MONTHS | | | | | | | | | | | | | |
| PROJECT OUTCOMES | | | | | | | | | | | | | |
| PROJECT OUTCOMES | PHASING OF OUTPUTS AND | MONTHS | | | | | | | | | | | |
| | ACTIVITIES (TASKS) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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AGENCY NAME

| | 12 TIME DUACING (CONTINUE | ED) | | | | | | | | | | |
|------------------|---|--------------|---|---|---|---|------|-----|---|---|----|---|
| | 12. TIME PHASING (CONTINUI | Ε υ) | | | | | 40.1 | TUO | | | | |
| PROJECT OUTCOMES | PHASING OF OUTPUTS AND ACTIVITIES (TASKS) | 1 | 2 | 3 | 4 | 5 | MON' | 7 | 8 | 9 | 10 | 1 |
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DATE

| AGENCY NAME | DATE |
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PROJECT TITLE

13. EVALUATION DESIGN (START ON PAGE 13)

The goal of the evaluation is to assess the effectiveness of the project. The evaluation must be conducted by an objective outside party. A written evaluation report, including an executive summary, is required. The Contractor shall allocate at least seven percent (7%) of the budget for evaluation. List the budget under CONTRACTUAL SERVICES on page 6.

Submit a description of the overall evaluation design using the Logic Model format (see page 14). Attach as many pages as required to properly address the topics.

All new grant applicants those funding regional program development units, and technical assistance grant applications, must answer this section. Where applicable, continuation funding grant applicants should discuss the status of their evaluation efforts to date using this format.

The Department shall not issue the payment for the final Financial Report until the Office of Juvenile Justice has approved a copy of the evaluation report.

I. PLANS TO CONTRACT WITH AN EVALUATOR ON THE NEXT PAGE.

Describe your plan to contact with an evaluator.

II. LOGIC MODEL

Use the Logic Model below to describe the Outcomes, Indications, Data Collection Methods/Tools, Data Collection Frequency/ Schedule, and Sampling Strategy.

| Outcomes | Indicators | Data Collection Methods/Tools | Data Collection Frequency/Schedule | Sampling Strategy and Size |
|---|--|---|--|---|
| Short, intermediate or longer term changes anticipated in participants' lives, and/or in organization or community conditions. (These are appropriate for the project and are something for which it can be held accountable.) | Detailed examples that can be seen, heard, or read that demonstrate outcomes are being met. (These are directly related to the outcome and help to define it, and are measurable during the project period.) | Method for gathering statistics for the assessment of the project. They need to be valid and reliable, culturally appropriate, and are within the agency's resources to implement. (You may use "off the shelf" data collection tools or develop your own. These may be case records, assessments, interviews, survey, etc.) | Describe when and how often data will be collected. Consider: How frequently you are in contact with participants. When data will be available to you and confidentiality. Whether you are accountable for short-term or long-term change. | State whether the entire participant population will be included or a sample will be taken. If the project has less than 100 participants, all participants should be included. If you need to sample, describe which sampling method you will use. |
| For example: Increase in grades (GPA) at end of school year. Increase in pro-social behaviors. Decrease in aggressive behaviors. Decrease in recidivism. | For example: At least 30 of the 40 youth will have an increase in grades (GPA) at the mid-semester marking period. At least 30 of the 40 youth will show an increase in pro-social verbal skills. No project youth will be in a fight during the week. No project youth will be arrested during the month. | For example: Attendance taken at every after-school mentoring session. Student grades. Teacher's daily log that records student behavior. Referrals to the principal for fighting. Survey of parents. Police arrest records. | For example: At entry into project and at end of school year. Weekly, during the project. At one-year follow-up. Confidentiality forms will be signed with Administrator of the Courts to use JUVIS records. | For example: All students in the project. All teachers of students in the project. Every third student entering the project. |

^{*} This was adapted from page 52, Outcomes for Success 2000 Edition, by the Evaluation Forum, Organization Research Services, Inc. and Clegg and Associates.

BYRNE FEDERAL GRANT APPLICATION AGENCY NAME DATE PROJECT TITLE 13. EVALUATION DESIGN (START ON THIS PAGE) Plan for Contracting with an Evaluator On this page, within the box below, state how you plan to hire a qualified, independent evaluator, or give the name and qualifications of the evaluator you have already selected. A qualified evaluator is someone with a graduate degree in a relevant discipline (and course work in statistics), or a person who has conducted successful project evaluations. You may be able to find a qualified evaluator at your local college or university. You may also be able to find a qualified evaluator by asking other agencies in your community. If you need help finding an evaluator, please call the Office of Juvenile Justices, at (360) 407-0151 We maintain a list of evaluators throughout the state who are willing to conduct evaluations of GJJAC-funded projects. Project's Plan to hire a qualified, independent evaluator:

If your project is funded, the GJJAC expects you to identify your independent evaluator and send a coy of your contract with the evaluator within <u>45 days</u> of your contact start date.

EVALUATOR WILL BE SUPERVISED BY:

| BYRNE FEDERAL GRANT APPLICATION | |
|--|------|
| AGENCY NAME | DATE |
| PROJECT TITLE | |
| | |
| 14. LOGIC MODEL | |
| Outcomes: | |
| Short, intermediate or | |
| longer term changes | |
| anticipated in | |
| participants' lives, | |
| and/or in the | |
| organization or | |
| community conditions. | |
| | |
| Indicators: | |
| Detailed examples that | |
| can be seen, heard, or | |
| read that demonstrate | |
| outcomes are being | |
| met. | |
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| Data Collection | |
| Methods/Tools: | |
| Methods for gathering | |
| statistics for the | |
| assessment of the | |
| project. Measures need | |
| to be valid and reliable, | |
| culturally appropriate, | |
| and within the agency's | |
| resources to implement. | |
| Data Collection | |
| Frequency/Schedule: Describe when and how | |
| often data will be | |
| | |
| collected, and if you need confidentiality | |
| agreements. | |
| agreement. | |
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| Sampling Strategy: | |
| State whether the entire | |
| participant polulation | |
| will be included, or you | |
| will use a sample. If the | |
| project has less than | |
| 100 participants, all | |
| participants should be included. | |
| morado. | |